

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Dental Hygiene Anesthesia Permit Renewal

You may renew your permit online at www.pla.in.gov or complete this form and submit it with the renewal fee of \$25 to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter Permit Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any healthcare license, (including DEA), certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions?			YES NO
2. Since you last renewed, has any license to practice dental hygiene in any state, (including Indiana), or country been denied, withdrawn, revoked, or suspended for disciplinary sanctions?			YES NO
3. Since you last renewed, have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dental hygiene in any state (including Indiana) or country?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dental hygiene?			YES NO
5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests or email the Board at pla8@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date